



Rhode Island Department of Health
Office of Health Professionals Regulation

REQUEST FORM TO OBTAIN CUSTOM LICENSEE LISTS

****This form is not to be used for individual license verification.**

****For the process on how to obtain written verification of an individual Rhode Island license, please contact our information line at (401) 222-5960 and ask to speak with Board for the specific profession to which the licensee belongs or visit our website at: www.health.ri.gov and click on Verify the License of a Health Professional link.**

In compliance with RIGL-Title 38 (Public Records), the Rhode Island Department of Health provides public licensee data in electronic list format.

Please use the attached Request for Release of Records form to request licensee lists. There is no fee, at this time to obtain this data. When completing the form, be sure to include a valid email address so the spreadsheet can be sent as an attachment. Please list the additional data elements you are requesting and profession(s) and/or license type(s). Either FAX the completed, signed form to the number provided on the form or SCAN and email to the email address provided.

YOU CAN ENTER INFORMATION DIRECTLY ONTO THE REQUEST FORM USING YOUR COMPUTER. CLICK ONTO ANY AREA OF THE FORM TO ENTER INFORMATION, THEN PRINT, SIGN AND FAX THE FORM TO THE FAX NUMBER LISTED ON THE REQUEST FORM. BE SURE TO INCLUDE THE PROFESSION(S) AND/OR LICENSE TYPES BEING REQUESTED.

Data will be provided in Microsoft Excel spreadsheet format (.xls). that can easily be converted to labels by the recipient using Microsoft Word Merge Tool.

Standard requests should be obtained by using our Download Licensee List Tool. Standard data elements include the licensee's full name, address, license type, license issue date, license expiration date, license status and license number. Please keep in mind that only information considered "public" can be released. Please allow up to thirty (30) business days for custom requests.



Rhode Island Department of Health
Request For Release of Records

Please complete all information contained in this form. Sign and date the form and either FAX to Jackie Paquin, Senior Systems Analyst, Room 105 at (401-222-3352) or SCAN and email Jackie at jackie.paquin@health.ri.gov. THIS IS A FILL IN FORM.

REQUESTED BY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

FOR PERSONS REQUESTING CONFIDENTIAL INFORMATION: Persons must demonstrate that they have an interest in the requested record(s) which is such as would enable them to maintain or defend a legal action for which the document or record is sought can furnish evidence or necessary information, or are otherwise entitled to the record by law.

REQUESTED RECORDS: Please indicate exactly which records (Profession(s)/License Type(s)) that you are interested in receiving. Also include the additional data elements needed that are not provided by our downloadable licensee listing. **PLEASE TYPE OR PRINT CLEARLY!**
Please be advised that ONLY information that has been deemed public by law will be provided. **Please allow 30 business days for processing.**

Do **NOT** fill out any information below this line.

REQUEST DENIED

REFERRED TO LEGAL COUNSEL

REASON: _____

- THIS AREA IS FOR OFFICE USE ONLY -

APPROVED BY:

Chief Administrative Officer or Designee

DATE: _____

DATA REQUEST NO: _____